

would say—are you lying now or were you lying then? If you admit you are lying, which one is really the lie?

We don't know. Is he lying now or lying then?

You have said—you have told us you are a liar. Which one is it?

What we find among smart juries, once they found you lied to them, is that they are not going to trust you about anything else. I think that contributed to the voting results we had.

But Conservative HQ had an article: "Russian Hacking Story A Twofer For Obama And the Left." Say, gee, they get to blame the Russians and they get to take control of the voting system.

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Well, all that has come out is somebody hacked John Podesta's emails—most likely an unprotected server like Hillary Clinton was using—and we lost secrets we may never know. But it was unprotected. Podesta's was at least protected. And people saw published what Democratic people participating in the Hillary Clinton campaign had said about Christians, Catholics, the duplicity of trying to bring down BERNIE SANDERS, the duplicity at debates, the if it is not illegal, the certainly rule-violating strategies of revealing questions before a debate.

Shockingly, when the truth was revealed and certain people in the Hillary Clinton administration, or in their campaign, were exposed as lying about so many things, those people are now saying: Hey, when America found out we were lying, they voted against Hillary. They hurt our election. They affected our election because we were exposed as liars and it cost us votes. That is grossly unfair. The American people should never have known the truth that we were lying about so many things, that we were conspiring to bring down BERNIE SANDERS and defeat him unfairly. The American people weren't supposed to find those things out and, doggone it, those Russians need to be punished.

Well, I don't know where it came from. And I also know, as a fact, that some intelligence personnel have lied to the chairman of our Intel Committee in the last Congress. I know it is a fact. I don't know who it was, but they did.

When you have Clapper say, Yeah, I came in here and testified about a bunch of stuff that wasn't true, you wonder wouldn't it be a good idea to take those incredible individuals in our intelligence agencies that have been faithful to our country, served our country, not their political agenda, and done great things for America, let's get them in the positions of authority in the intelligence agencies. And since they have been working there, they will know what to do; they will know who to trust, who not to trust.

As you find out, if you ever sit on the bench as a felony judge very long, it doesn't matter what area of life you are in, there are people that are not

honest. Fortunately, in law enforcement, intelligence agencies, homeland security, places like that, in my opinion, there is a much higher number of good, honorable, honest people that care about providing for the safety of the American people. That is where we need to go. Find those people in those departments and put them in positions of leadership.

We have a great opportunity now before us, and if you are agnostic or atheist, you should believe it was all a roll of the dice. This kind of stuff happens. Hey, even a pragmatist agnostic would probably say: Well, if I am honest, somebody—Julian Assange said it wasn't the Russians. Indications were it may well have been an unhappy Democratic operative in the party that provided. But wherever they came from, information was provided to the American public showing the terribly unfair and untruthful things that have been said or done, and they voted against the party that had apparently done the unfair, untruthful things.

So I think we need to look, as Shakespeare would say, not to our stars, but in ourselves. Personally, I think we were mercifully given another chance to give back to the American people the power that this Congress and the executive branch has used for far too long and let America be America, not the evil parts—the KKK, the lynchings, the horrid things that mar our history—but the goodness, the part of America that would say, "I don't care about the KKK. I am going to take you into my home. I am going to protect you"; the parts of America that said, "I don't care what color your skin is. We are fellow human beings and we have got some good ideas and we are going to work together and we are going to raise this Nation to heights it has never seen before." I am hoping and praying that is where we are headed.

Mr. Speaker, I yield back the balance of my time.

WHO GETS THE BREAKS FROM REPEALING THE AFFORDABLE CARE ACT? THE SUPERWEALTHY

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2017, the gentleman from California (Mr. GARAMENDI) is recognized for 60 minutes as the designee of the minority leader.

Mr. GARAMENDI. Mr. Speaker, indeed, we do have an extraordinary country. Down through the last 230 years, this Congress has met, has discussed, decided, voted upon, and set in place policies that advanced our country. And we are so very fortunate, all of us Americans, to be living here with all the promise that this incredible history has given us.

But at this period of time, we also have some profound questions about where this country is going. We wake up and we say: What is happening here? What is happening in the international

scene? What is all this about Russia hacking? What is all this about trying to influence the American election? Did they really, and did it really happen, and was it effective?

Well, we know it really happened. The American public is scratching their head and they are saying: What is it?

And then all this talk about change, all this talk about we are going to change things; we are going to repeal ObamaCare, and we are going to replace it with something great. Hmmm. I wonder what that might be. And I suspect all across this Nation there are men, women, families that are also wondering: What do they mean it will be great? What is it that is great?

Well, if you were to go around the Capitol, if you were to talk to Members in the House of Representatives or over in the Senate and say: So it is gonna be great; what is it?

Well, we will tell you tomorrow or we will tell you later, but it will be great.

Maybe, maybe not.

Right now, the Senate is working on a piece of legislation that will set the stage for the repeal of the Affordable Care Act—and some would derisively call it ObamaCare. Repeal it.

Oh, yeah, get rid of that thing. But not to where it is going to be great as soon as it is gone.

Really? I don't think so.

I know that in my part of California, a lot of people—in fact, more than 20,000—don't think it is great at all. They are going to lose their health care. And there are a whole lot of seniors in my community that are going: Wow, it is going to be great.

Really?

But I will lose my annual check-up. And that awesome drug doughnut hole that was so frightening just years ago is going to come back? That is not so great.

I drove into town or into the Capitol today. I don't live so far away, but it is 20 degrees, and I decided I would rather drive than freeze. So I drove in and an advertisement came on the radio, and it said: You are going to get a trillion-dollar tax cut. Wonderful. The middle class will have a trillion-dollar tax cut. I said: Well, that is not what I saw last night when I read the statistics about the great repeal of the Affordable Care Act. In fact, I read something quite different from the tax committees, from Americans, various people.

Let me put something up here. Here it is. Who gets that trillion-dollar tax cut? Who is it? Is it the middle class? Well, I don't think so, because when you look at the numbers, it goes to the very wealthy. They are the ones who are going to get the tax cut with the repeal of ObamaCare.

When the Affordable Care Act is repealed the way it is presently going, the bill that is over in the Senate will require that the taxes that were put in place to support the Affordable Care Act and to provide insurance for 20 million people—that is both the government insurance, the Medicaid, Medi-

Cal in California, and the subsidized insurance from the various programs that exist State by State—that money was raised from the wealthy.

When the tax cuts come into place, here is the real story. The top 1 percent—do you remember the 1 percenters? Do you remember all that discussion about the 1 percenters and the 99? The 1 percenters get 57 percent of that trillion dollars, and everyone else gets to split the remaining 43 percent. The top one-tenth of the taxpayers in California—we are talking about the superwealthy. We are talking about the folks that are actually going to be in the President-elect's Cabinet, you know, the billionaires that he is going to put in the Cabinet. We are talking about those guys—oh, roughly a \$200,000-a-year tax break. But after all, they are hurting. They need a few more hundred thousand dollars along the way.

So the trillion-dollar tax break that is the foundation of the repeal, if you eliminate the money, the program is not working. There will not be annual visits for seniors so that they can stay healthy, so that they can control their blood pressure, diabetes, mammograms, and all the rest that go with it. There won't be money for the 3.7 million Californians that presently are able to get coverage under the Medical program. There won't be money for the almost 2 million Californians that are in the subsidized pool called Covered California. That money won't be there. Those folks are going to be out.

And by the way, the repeal will remove the insurance for 30 million Americans all across the country. But who gets the real benefit here? The superwealthy, the top 1 percent will get 57 percent of that trillion-dollar tax break, and the rest of us will share in the 43 percent remaining.

Another way to look at it, folks. It will be great, but for whom? Well, if you break the American public into the five sectors, the first 20 percent, next 20, next 20, next 20, and then the top 20—so these are the real poor down here in the lower 20 percent, and these are the superwealthy in the top 20 percent.

So what happens? When you repeal the Affordable Care Act, as is now happening in the Senate—and it will be over here either this week or early next week; and then this House will take it up and it, too, will vote on that very same budget bill that will create a trillion-dollar tax cut over the next decade—who will get the money? There you go. The top 20 percent will wind up with a full 74 percent of that.

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Despite that little advertisement that I heard on the radio, which said, "Oh, the poor and the middle class are going to get it," really?

Let's see. Of the bottom 20 percent—6.7—oh, and the next will get 5.9 percent of it—do you have any idea what they are going to lose?

They are going to lose the subsidies on their insurance programs. They won't be able to afford it. They will lose their insurance. For some of them, they are on the Medicaid or the Medi-Cal program in California, and they will be out of luck unless, of course, the State of California can find \$16.8 billion to replace the money that just disappeared with the repeal of the Affordable Care Act, and that money is then transferred to the top 20 percent.

These folks down here, the bottom 20 percent—actually, the bottom 60 percent of the American public are the losers.

Who are the winners?

The ones who are already able to buy insurance. I love this trick. I was the Insurance Commissioner in California. I loved this little trick: "Not to worry. We are going to give an opportunity for people to buy their own insurance and give them a tax break."

Do you mean these people down here have enough money jingling around in their pockets that they are going to be able to go out and buy the insurance and get the tax break?

Uh-uh. It is the folks up here on top who will, once again, benefit.

This really is a massive shift of \$1 trillion from those people who are now insured, for those people who are now able to get care in the clinics that have been established across America—in outlying areas and in rural areas in my district. It is a massive shift from the ability of those people to get health care, for those people who are on the exchanges and are able to get subsidized insurance so that they can afford it, for those people who are seniors and are able to get their free annual checkups and have their drug costs reduced as the doughnut hole shrinks. It is a massive shift of money being taken directly out of their benefits and their pockets and going to the wealthy of America. That is what is happening. That is what this repeal of the Affordable Care Act is.

Then you look at the implications of that. What about the hospitals that have been able to ramp up their services? What about the reforms that were in the Affordable Care Act—the insurance reforms—that said to the insurance companies: "Oh, no, no, no, you can no longer discriminate because that person happens to be a woman or has a preexisting condition?"

This is important, Mr. Speaker. If you are scratching your head and wondering what is going on here, listen carefully because this super rapid train is about to come into the House of Representatives and sweep through here, wiping out the healthcare benefits of 30 million Americans. For those who are not directly affected, they, too, are going to wind up in a very precarious situation because the reforms will also be repealed.

Joining me tonight to discuss this and Social Security—oh, by the way, Social Security is also on the chopping block—are two of my colleagues:

MARCY KAPTUR from Ohio, who has been an extraordinary leader on the issues of manufacturing, of making it in America, of looking out for seniors, and for people who are in need of help and support.

Congresswoman KAPTUR, would you care to join us and share with us your thoughts on what is happening in Washington?

Ms. KAPTUR. Thank you, Congressman GARAMENDI. You are such a rare and talented Member. I thank the people of California for sending you here. You serve them every day of the week, 7 days a week—24/7. It is a privilege to appear with you tonight and also with Congressman PAUL TONKO, one of our most talented Members from upstate New York—a region like my own that has just been battered by the global economy and the outsourcing of jobs. We all are just honored to serve in this Congress, and we respect it and its history and its potential.

Mr. Speaker, as I travel my own district and State, I am finding I have to reassure people. Anytime there is a change, I guess, in public life, people need to be bolstered that everything is going to be okay. We are here to be that squad and to say to the American people that they have power, too, and that it isn't just the super rich of this country or the billionaire class.

We can label them "wealth power." And that has power; yes, it does. Sometimes extraordinary power. But there is also "people power." I consider myself having been lifted here by people power over many years, and I appreciate the people of my region for allowing me to serve our country and to learn every day, to learn from them, to learn how to make the instruments of the Nation work better for them.

There is also "spiritual power." I am amazed at how people's spiritual groundings help them through difficult situations and transitions.

Then there is "intellectual power." We hope to use some of that here once in a while. That is a power in and of itself. We think about the power of liberty of a free people to improve their Nation, to heal their Nation, to expand opportunity in their Nation.

We are aided and abetted by a very curious media—sometimes more ridiculous than it needs to be—but also of people digging, trying to find that elusive truth that should lead us all forward. So we find ourselves helping to heal our Nation by being Members here, and we all hope for the best for our people and for our country. I think the Members here are very well motivated.

I rise to defend, really, and to support two foundational programs of our society: Social Security and Medicare. I will try to be brief so others can comment.

I am very proud to say that our family is one of those families who would have been completely destroyed had it not been for Social Security and Medicare. Those didn't exist when my parents were born and grandparents were

living in our country. But in 1935, after our country crashed economically and there were major bank failures and the stock market crashed and wiped out the savings of millions of Americans, the Nation turned to the Federal Government, to the President, to guarantee for a large segment of our society—senior citizens—decent incomes.

The Social Security Insurance Act was enacted at the urging of Democratic President Franklin Delano Roosevelt. He was regarded as a saint in our household because what happened around our country was that seniors before that time—many of them—were living in what we called poorhouses. They were dying in terrible circumstances, and there was no security as a person aged.

Can you imagine how revolutionary it was at that time to create a social insurance program—probably the largest insurance program America has ever had—to ensure that as people aged or if workers became disabled in the workplace or if they died that their children would have sources of income?

The program did all of that. In thinking back, gosh, over 70 years, how transformational was that?

As for our grandpa, who died in a county hospital in Ohio before the enactment of Medicare, I know the conditions that he died under. And I know that, when our mother died, it was a different situation. She had Social Security and Medicare, and we were able to take care of her. The same was true with our father.

Intergenerationally, I see our country getting better. I am proud of that. I am also proud to be a Democrat and a member of a party that has created Social Security, which has become an indispensable part of our way of life. As I have said to seniors and to workers, it is an earned benefit. People pay for it every time their paychecks are nicked, and their employers match it.

Obviously, to survivors—and, obviously, I have neighbors who have lost spouses, whose children then benefit from the survivor benefit—what an incredible gift this idea is to the American people. There are 35 million people today in our country who depend on Social Security—one out of every six Americans. Every day, Social Security lifts 20 million people out of poverty—people who used to live in poverty.

Can you imagine what that was like?

We don't ever, ever want to go back to that world.

In 2014, the latest data show us that more than 6 million children under the age of 18 live in families who receive income from Social Security, lifting more than a million children out of poverty. Social Security has never been a welfare program. It is an earned benefit, and all Americans who contribute to it during their working lifetimes receive benefits. Social Security is a compact of trust between generations. It is the ever-present sentry at the economic security gate for retirees, for those hurt on the job, or for their

survivors, and it is America's greatest insurance program ever.

I happened to be living when Lyndon Johnson helped to create the Medicare program, which provides health insurance coverage now to over 55 million people in our country—essential health security for seniors. Today, only 2 percent of the elderly in our country lack health insurance compared to 48 percent—half the people of this country—in 1962, after World War II, before Medicare even existed. That seems sort of modern times, the 1960s; yet it really was not. I would say that that is a “wow” by any measure.

Yes, people are living longer. Thank God the program is working. People are getting free preventative healthcare screenings and are lowering the long-term costs of care because of early diagnosis. Seniors don't have to pay for mammograms or diabetes or cancer screenings, thanks to the Affordable Care Act; so we keep trying to make the system better.

Since House Republicans won the majority in 2011, every House Republican budget has tried to end the Medicare guarantee and turn Medicare into a privatized voucher program.

Do you know what that is going to do?

It is going to shut out millions of Americans who are elderly—or who are about to be elderly—from insurance. The reason we have Medicare is that insurers weren't insuring seniors—that is the reason it exists in the first place—or they will make the price so high that people won't be able to pay for it; or they will cherry-pick only the healthy people. Then those who have diabetes, those who have had prior cancers, those who have multiple sclerosis, those who have Parkinson's will be cast aside.

What kind of a country would this be, for heaven's sake?

The American Association of Retired Persons and the National Committee to Preserve Social Security and Medicare completely opposed the Republicans' plan to voucherize and let every senior go out there in the market and try to find a plan of his own, because they know what that means. These two programs are the most pro-life programs this Nation has ever created. We should be so proud of what we have been able to do as a country over the last century.

The Republican attacks on Social Security and Medicare need to stop. They are America's bulwark for millions and millions of people, and they have proven themselves to be America's most important, lifetime security programs.

I thank Congressman GARAMENDI and Congressman TONKO for being down here tonight. I know how passionately you care about the people of our country way beyond just your districts and why we are here. We are here to stand with them.

Mr. GARAMENDI. Thank you very much, Ms. KAPTUR.

I loved your talk of the history and how it came to pass that we have So-

cial Security and Medicare and what happened when we did not. It was really profound. It reminded me of my own history.

I remember, as a young kid, that my father took me to the county hospital where the neighboring rancher was—we were out on a ranch in California—and it was horrible. That is where he was sent to die because there was no Medicare.

Ms. KAPTUR. If the gentleman would yield, I can remember the stench.

Mr. GARAMENDI. Oh, the stench was unbelievable.

Ms. KAPTUR. I can remember that.

Mr. GARAMENDI. I am sorry your father endured that.

Ms. KAPTUR. My grandpa.

Mr. GARAMENDI. Your grandfather.

Ms. KAPTUR. Our father had to fight to get him in there because there wasn't enough space for people who were ill and dying. That was before hospice and that was before Medicare. I remember, as a young girl, that that was a hard thing to experience, but our mother and father never protected us from the inevitable.

Mr. GARAMENDI. I was just thinking that I have got more stories to tell, but I really want to turn to our colleague from New York. Mr. TONKO and I are often on the floor—with you also—to discuss jobs in America, how to enhance our American economy with research, economic development of all kinds, transportation infrastructure, Make It In America.

Mr. TONKO, tonight we are on a somewhat different subject, but I know it is one that you are very familiar with, one that you have spent your entire career addressing in trying to help seniors and others who have been on the short end of the stick. Thank you so much for joining us, Mr. TONKO.

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Mr. TONKO. Mr. Speaker, I thank Representative GARAMENDI for bringing us together in this Special Order format to talk about some key critical components that address American families significantly. Representative GARAMENDI and Representative MARCY KAPTUR, who both do their homework, are a great addition to the House because they challenge us with facts, not fiction. They care deeply and passionately about improving and enhancing the quality of life. So to stand with both on this issue is a good feeling for me.

Just a couple of observations: I think it is okay for government to have a heart. We speak to the heart and soul of working families across this country by understanding that health care is not a privilege; it is a right.

So let's begin with that fundamental basic observation, a right. What we have seen with this right is that over 30 million Americans have been added to the rolls of the insured over the course of the Affordable Care Act.

Now, Representative KAPTUR did a great job of speaking to history of

Medicare, of Social Security, and of the Affordable Care Act, as did Representative GARAMENDI. I remember being at the 75th anniversary celebration of Social Security, and people were talking about the discrediting going on before Social Security was enacted into law. There were those who demonized it before it became law. There were those who have fought it ever since. They don't want that right for working families.

I would suggest that Social Security, Medicare, and the Affordable Care Act are rock solid elements of a foundation upon which to grow quality of life and longevity. It is a basic fundamental additive that, when brought to our working families across this country, we are providing a service and we are addressing them with dignity. That is what this is about.

The demonization of the Affordable Care Act is interesting. Because if you look at polling, you will find that people say that ObamaCare is destroying the Nation. Well, what about the Affordable Care Act? That is working. My friends, it is the same issue, it is the same concept, and it is the same program.

So what we have tried to do is discredit a program that took on a major challenge, took on major industries, and needed to provide a balance and an actuarial outcome that is providing a go-forward and accomplish what you have enacted as a mission. The actuarial science has got to be precise.

So for those who want to repeal, they are talking about, in cases, pulling a brick out of the foundation and having it get wobbly, and it is going to crash the marketplace. We are going to have all of these people who have been enrolled or have been forever enrolled in health care impacted by rising costs and disruptive outcomes that will put them at risk.

So like the Social Security Program before the ACA, like Medicare before the ACA, as you floated these boats, as you went forward with time, you learned where you needed to tweak, and you adjusted, by amendment format, to make the program stronger. That is what we have been asking for in a partnership here in the House and with the Senate. Let's work on those areas that may need improvement, but do not repeal because repeal without replacement is a disaster. It is a disaster waiting to happen.

We have provided hope for working families across this country. We have had the testimony presented to us, anecdotal evidence, that this is working, that for the first time families have enjoyed a connection to a system, a standardized approach. What was the program?

People say: Well, I don't want to pay for someone else's health care. You have been paying for it before the ACA. It was called the emergency room. It wasn't standardized because whoever you got at that emergency room in whatever location, as you traveled

looking for assistance, didn't provide a steady flow. It was a wasteful outcome for taxpayers and an insufficient outcome, a cruel outcome for those consumers who were impacted by being underinsured or uninsured.

So let's set the record straight. We have had a program up and running for 8 years now. The Republicans have chastised this program saying it needs to be repealed. We have taken over 65 votes, or 65 votes, I believe, to repeal, but there has never been a replacement plan. So what kind of gimmick is this to pull away a program that is working for tens of millions of families added to the rolls but not replace? That is disaster waiting to happen.

So we challenge our colleagues here in the House and in the Senate down the hall to be academic about this, to be compassionate about it, to be passionate in our resolve, and to make a difference by putting together the improvements that we require and not repealing.

Now, we look at the Affordable Care Act and what it means to our health care. But if you repeal, you will wreak damage on the budget. You will destroy our economy. You will have a huge workforce displacement, and you will slash care for America's working families. Is this the outcome that we want?

Remember, we were the last industrialized nation to come to the table and provide guaranteed health care for our families. That is not something of which we are proud. That was destructive. That was insensitive. It was not effective. It was a waste of tax dollars the way we did it.

So now we go forward with a program that allows us to now take a look at the history, albeit brief, on the Affordable Care Act, but understanding where we need to fine tune. We do that, and the challenge is there for all of us: take the cost out of the system for a stronger future and provide at least the same level of quality, if not enhanced quality, as we go forward. That should unite us in a common cause, cutting the cost of the program and enhancing the quality of services provided. What a great mission for all of us to embark upon.

So let's not play politics with the health care for tens of millions of people who are new to the system and for all of us who have been covered routinely by the system. We can do better than that.

Let the lessons of Social Security and Medicare, which, as my colleagues indicated earlier, address the American public with dignity, improvement, enhancement, and hope, the best commodity we can deliver as a government to her people.

So I thank Representative GARAMENDI for the opportunity for us to speak to these issues. Frankness is required right now. The lack of theater would be an improvement. No theater on this. Let's settle for facts, not fiction, and working together to bring

about what is a sound resolve that allows us to provide stability and success for the American public. That, I don't think, is too much to ask.

So I thank the gentleman from California (Mr. GARAMENDI) for bringing us together.

Mr. GARAMENDI. Mr. Speaker, it is always a pleasure for me to be on the floor with Representative TONKO because of his passion, his knowledge, his ability to articulate with clarity, in this case, the importance of the Social Security program, Medicare, as well as the Affordable Care Act. The gentleman makes a compelling argument.

I want the public of America to really grasp the importance of what is happening here in Washington. Yes, we are going to have a new President, and there will be an inaugural and all of the celebration that goes with that.

Let me put it this way: When that is done, there is a majority of the Congress and the Senate, together with the President, that fully intend to embark on unraveling the very critical safety net for more than 30 million Americans. And for everyone else who has insurance at every age—Medicare all the way down who has insurance—they will also see a dislocation and an unraveling of their insurance benefits because this market could seriously unravel. So as the gentleman said so clearly, be academic, study the facts, and study the pros and the cons of the various alternatives that are out there.

I know, as an insurance commissioner and having been dealing in the issues of health care for many years now, that there are improvements needed in the Affordable Care Act. There is no doubt. We have been saying that since shortly after it became law. And even when it became law, I said this should be done this way or that way a little differently. We are 8 years into this and, as you say, millions, tens of millions actually—around 30 million directly—are involved and benefiting from the program, either through Medicaid, through the exchanges, or through the various benefits that are out there. So it is really, really important.

I want to also pick up on something that Representative KAPTUR brought to our attention. I am going to put one more chart up here. I was surprised and a little bit appalled, just before we broke for Christmas, that the new chairman of the subcommittee of the Ways and Means Committee who deals with Social Security introduced a piece of legislation. We looked at it.

It was just before the Christmas holidays, so I picked it up and started looking at it. I go: whoa, wait, wait, wait. This is a major step to unravel the Social Security system. Remember, back in the George W. Bush administration, in the first 3 years of his administration, he tried to privatize Social Security. He failed miserably at that. Thankfully, he failed. Congress wouldn't stand for it. At least, the Democrats in Congress wouldn't stand for it.

I see this piece of legislation introduced in the last session, in the last days, and I am going: Whoa, what does this mean? This man becomes the chairman of the subcommittee that deals with Social Security, and I am going: oh, no, they wouldn't; they wouldn't go after Social Security again. But the bill does. It does it in a way that, once again, gives enormous benefits to the wealthy and not so much for the others.

This is a little chart about what happens if that piece of legislation by Mr. JOHNSON actually becomes law. These are the benefits that would be received today. In 10 years, these would be the benefits. This is the top 20 percent rather, and right here is the middle. That is about a \$3,000 a year reduction.

Keep in mind that, I think, well over 50 percent of the seniors in the United States depend upon Social Security as their principal source and, in many cases, their only source of income.

So you get a decline. What do they want to do? They want to increase the age to 69 before you could apply for full Social Security. They want to radically change the cost-of-living index. I know what I heard from my constituents when there was no cost of living over the previous 2 years—and a very small one this last year—the cost of care for seniors continues to rise because they are on the expensive side of things. There are some other provisions in it. So this is a wake-up call. This is a wake-up call.

Clearly, the majority party here in the House and in the Senate have promised to repeal the Affordable Care Act, which we have talked about. They have also made it clear that in the past—and we believe in the months ahead—they will attempt to privatize a large portion of the Medicare program. So Medicaid will be largely gutted, and the increases that we have seen through the Medicaid program will be wiped out.

The Medicare program will have significant benefit reductions, and, if they intend to voucherize it, which they have talked about, then as Representative KAPTUR said, they will throw the seniors to the mercy of the insurance companies.

My basic point tonight was to raise the alarm and to begin to discuss here amongst our colleagues the reality of what is being planned for America. Don't look at this as a partisan issue, Republican or Democrat. Look at this as a personal issue.

Look at this as an issue that was given to me by a woman who is a farmer in the community I represent north of Sacramento who never had insurance. She was an entrepreneur, a self-employed farmer. She never had insurance. If she needed care, she would go to the emergency room. That worked when she was young, but then she became a little older, and then cancer.

□ 2000

The treatments for her cancers were unaffordable. She would go bankrupt.

The Affordable Care Act came along with guaranteed coverage and an insurance policy through the exchange in California that she could afford that would provide her with unlimited medical services for the rest of her life. No cap, no annual cap, no lifetime cap. She got her cancer treatments, and she has moved along. She said: I still need care. And if they repeal the Affordable Care Act, I won't get it and I will die.

That story is repeated across America. It is repeated in my district. I can give many more examples. So this really is, in her case and in many others, a life-or-death situation. So, yes, we will be academic as Mr. TONKO has said. We should be. We should understand the implications of one policy versus another. We should understand when you start with repealing a trillion dollars of taxes, that will have a profound impact on health care in America. And the benefits will go to the wealthy. That is academic.

But it is also this woman, a small farmer who developed cancer. She had no hope. The Affordable Care Act comes along, and she is able to get insurance and she is able to get the chemotherapy necessary to save her life. She is back on the farm.

Repeal the Affordable Care Act and this woman, along with millions of Americans, are in serious jeopardy. So be aware. Social Security on the chopping block; Medicare on the chopping block; the Affordable Care Act is on the chopping block. Tax reductions for whom? Yes, mom and pop would get \$130 a year from the tax cuts. The billionaires in the Trump administration would get \$200,000 a year in tax cuts. Mom and pop are likely to lose their insurance.

I now yield to the gentleman from New York (Mr. TONKO).

Mr. TONKO. Thank you, Representative GARAMENDI.

As you talk about public sentiment about Social Security, the Affordable Care Act, and hearing the evidence you have provided from your constituent within your district, it becomes very apparent where the American public is.

When polled recently, only 20 percent of the American public is in support of efforts to repeal without replacement—20 percent. So the great, great majority understands what is going on here.

We have also seen during the recent campaign season, which probably went a year and a half to 2 years long, a lot of talk about repealing the Affordable Care Act, undoing the act. That happened in the same timeframe as 11.5 million people were added to the rolls for 2017. So there is an appeal here that is drawing the American public toward the coverage provided by ACA. So the sentiment here is to get things done and provide, again, the stability.

I am also a cosponsor of legislation entitled Strengthening Social Security Act that would improve how we calculate the benefits for Social Security. We are not advancing reducing those benefits or raising the retirement age

to 69 or whatever level; we are talking about enhancing benefits. When you talk to seniors, they will say we either have got nothing or we got just a bit of an increase that was taken away with the other hand for some other purpose.

So, yes, we need to revisit just how we give that green light to a COLA adjustment, and we need to calculate that approval with items that are truly essential for the senior citizens, not big screen televisions or certain items that are adding to a luxurious note, but one that speaks to their basic core needs to live day to day. So the Strengthening Social Security Act does just that. It takes into account all of the essentials in that calculus that will determine whether or not a COLA adjustment is given that given year. So that is important.

I also believe it is time for us to look at that cap that we have created, that we have placed on contributions to Social Security. You know, some people by February 12 or 14, whatever date it is, are done paying. They are done contributing by that point in the year. Well, the standards of \$118,000, or \$127,000 coming this year, are just capturing most of those revenues. The hardship is placed on the working, middle-income community, those looking to ascend the middle class. There could be a far greater contribution from other income strata that we ought to look at to provide stability.

A point needs to be made that Medicare, Medicaid, and the Affordable Care Act are all intertwined. There were strengtheners that were provided for these programs. There was a partnership of revenue stream that was calculated and assumed that again provides for the quality of response to the consuming public, and especially those in senior years.

I have a large percentage of senior citizens in the makeup of my constituency. It is important to recognize that many who are on Medicare end up getting Medicaid assistance because of situations that are called upon where they are perhaps placed in nursing homes, adult homes, or the like. So we have to be cognizant here of the public sentiment, where is their thinking, and we know exactly what they want. They want stability for these programs. They want strengthening of the programs. They want to make certain that all of these efforts that have lasted for decades, or were introduced as late as 2010, will continue so they have a future that is that more secure, that more certain.

So tonight we talk and implore our colleagues to please help improve the Affordable Care Act. Let's not repeal, and certainly do not repeal without a replacement plan. That is a disaster that will really cause havoc in the marketplace. It is one that doesn't prove to be actuarially sound. Also, let's make certain that we don't have these efforts again to voucherize Medicare, to privatize Social Security. These are programs that have provided stability.

When I came into the House in 2009, it was at the lowest point of the recession which President Obama was handed upon his entering into the Presidency. There were 700,000, 800,000, 900,000 jobs lost a month in the deepest, darkest moment of the recession. What did we see? We saw individuals who took their lifetime's worth of savings and entrusted them to a marketplace, and they lost everything for which they had ever worked, and others realized they didn't lose a single cent of Social Security. Therein lies a tremendous bit of testimony as to the meritorious achievements of a Social Security system, one that provided that safety net for all families, one that made certain there was some sort of continuous flow, a backup, a reinforcement, as you went into retirement years.

We are reminded of Medicare and what the results were for retirees, how long they were expected to live and what their quality of life was like. It was tremendously, favorably turned around with the benefits of Medicare.

So with an impassioned plea, I encourage this House, the Senate, to do the right thing: stand for the American public and allow them to be addressed with dignity with these programs that have proven themselves. And where there is a need to further assist, as there has been time and time again with Social Security, as there has been time and time again with Medicare, let's provide that same approach to the Affordable Care Act.

I thank the gentleman from California for bringing us together and being able to share our thoughts and advocacy to do the right thing.

Mr. GARAMENDI. Mr. Speaker, I thank Mr. TONKO very much. It is always a pleasure and learning experience to be on the floor with Mr. TONKO.

I now yield to the gentlewoman from Ohio (Ms. KAPTUR). We are about to wrap it up as we are nearly out of time.

Ms. KAPTUR. Mr. Speaker, I am honored to join Mr. GARAMENDI and Mr. TONKO, and I want to place in the RECORD, since both of you have talked so eloquently about the Affordable Care Act, you know how you will be walking through your district, maybe at a parade or some public event, and someone will break from the crowd and run toward you. I am thinking about one particular woman who came up to me in one of my smaller communities. She was in tears. This was during the summertime. She has cerebral palsy, and she never was able to get care. I don't know why she didn't qualify for insurance, I don't know all of that, but she hugged me and thanked me.

And then around the corner from where we live, there is a little produce market that I go into all the time. I am friends with one of the women who works there. This little business couldn't afford insurance, so their employees, when the Affordable Care Act passed, went to the private marketplace to get a plan. This particular

woman who works long hours and lost her husband to cancer told me: MARCY, why are people complaining about the Affordable Care Act? Guess what, now I have cancer.

She said: I was able to go and get all of the tests, and now they have me on chemotherapy.

So, with cancer, this woman is working. She was only able to get insurance through the Affordable Care Act. Multiply that times 10,000, 20,000, 1 million, 20 million, whatever the number is. Think about the number of people in our country who were without insurance. Sometimes I am speechless when I meet these citizens because I think: Where were you hiding before? Where were you?

Another place I was, a woman was mixing up. She said: Well, I have health insurance, right? I pay car insurance.

I said: No. Car insurance doesn't cover health insurance.

People sometimes don't act in their own self-interest. She didn't even know that because she had auto insurance, that didn't cover health insurance. Can you believe that? So she was in a job where, with the Affordable Care Act, she could go out to the exchange and buy a plan.

It is amazing to me some of the things that have happened and how I see the Affordable Care Act off to a very good start.

As Mr. TONKO said, don't just repeal it until you have something to replace it with. You cannot pull the rug out from under these people's lives. It would be unconscionable to do that.

We have several Christians, several other denominations in this House. It would be very unChristian to do that, for those who are Christian. And for those of other denominations—pick your denomination—I just think it would be very cruel.

I thank the gentleman for allowing us to speak out this evening on behalf of citizens who can't speak for themselves and to try to help perfect what we as a Republic can do for our citizenry.

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Mr. TONKO. Representative GARAMENDI, if I just might, I am listening to Representative KAPTUR talk of the interaction she had with her constituents, and I would just add my similar experience.

Some of the most cherished efforts of the Affordable Care Act are about preexisting conditions. Being a woman, being a pregnant woman, or being a woman or a man fighting cancer made it very difficult for people to get that insurance, and lifetime caps. You know, people being rolled into surgery, wheeled into surgery, and being told that they were discontinuing their plan.

So these are elements of the Affordable Care Act that could be at risk if we start playing around with the actuarial balance that has been achieved.

And preexisting conditions, they rang right up there as one of the biggest concerns people have about repeal.

Ms. KAPTUR. On that point, another woman came up to me, I was over at the medical hospital with my brother, and she has epilepsy, and she has another condition. She told me, she said: You know, MARCY, I have to cut my pills in half. Can you help me try to find pills so that I can afford to pay for all the medicines that I need to take care of myself?

Rather than repealing, can't we find a majority of Republicans to help us, to help our citizens be able to get medicine at prices they can afford?

Why can't we have competitive bidding for pharmaceuticals? Why can't we have that? We have it for the VA. We have it for the Department of Defense. Why can't we have it for the rest of our citizenry so that we can get the best price?

But I thought: Cutting your pills in half? And so what happens to her is, if she doesn't take enough of the medicine, then she has a seizure. But she has got other things wrong with her, so she is trying to cut this pill and cut that pill. And I thought, this is crazy. This is crazy.

Can't we do better as a country than this for our people?

I have never understood why the price of pharmaceuticals has shot up so much. I can't tell you how many cases we get in our office where we have to call these companies and beg, you know, do you have some foundation where we can get a few more pills from Lilly or a few more pills from this company or that company in order to help people in our district.

It shouldn't be our job to turn into a medical dispensary because the system isn't working. There ought to be a way to take care of this.

Mr. GARAMENDI. As we look at this issue, this conversation puts before us and the American people really two paths to travel. The President-elect recently said: We're going to repeal ObamaCare, and it'll be great. And our Republican colleagues have bought into that and are now processing legislation to do that.

The discussion today from my two colleagues here indicates another path, and that is, make it better. Make the Affordable Care Act better. The drug issue, there is no reason in the world that the pharmaceutical companies should be prevented from price competition. They are. It is the law of the land that prevents the government and other purchasers—the government from negotiating prices. That is a law that can be changed.

There are many things that we could do to improve the health care of America. But two paths: one, working together to improve the Affordable Care Act and Medicare and Medicaid, and the Veterans Administration, the programs that provide the health care and the insurance for Americans; or another one, a path that is going to be extraordinarily destructive.

The repeal of the Affordable Care Act, which is already underway in the Senate and will soon be over here in the House, promises Americans not just the 30 million that have insurance but all Americans with a very serious health problem in the future.

Final comments, and then we will be out of time.

Mr. TONKO. Just a quick comment. We have talked about much here this evening. I joined you a bit after you started. I don't know if you mentioned the hospital situation.

Mr. GARAMENDI. Very briefly.

Mr. TONKO. But representing a number of hospitals, from stand-alone clinics to some very specific specialty type of health centers, they are all concerned about the impact of repeal. And certainly, being a major employer, if not the major employer in some of my counties, as you reduce that care, you are reducing the workforce. So now we are creating another impact, and it is why the ripple effect of repeal is so strong and devastating, and will raise our deficit.

Mr. GARAMENDI. I thank the gentlewoman from Ohio (Ms. KAPTUR) and the gentleman from New York (Mr. TONKO) for joining us. I can assure you, we will be back.

Mr. Speaker, I yield back the balance of my time.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. JOHNSON of Georgia (at the request of Ms. PELOSI) for today and January 11 on account of traveling to see the President's farewell address.

ADJOURNMENT

Ms. KAPTUR. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 8 o'clock and 20 minutes p.m.), under its previous order, the House adjourned until tomorrow, Wednesday, January 11, 2017, at 10 a.m. for morning-hour debate.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of rule XIV, executive communications were taken from the Speaker's table and referred as follows:

127. A letter from the Supervisory Regulatory Analyst, GIPSA, Department of Agriculture, transmitting the Department's final rule — Fees for Official Inspection and Official Weighting Services Under the United States Grain Standards Act (USGSA) received January 6, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Agriculture.

128. A letter from the Assistant to the Board, Division of Consumer and Community Affairs, Board of Governors of the Federal Reserve System, transmitting the Board's joint final rule — Community Reinvestment Act Regulations [Regulation BB; Docket No.: R-1554] (RIN: 7100-AE64) received January 6, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public

Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Financial Services.

129. A letter from the Director, Office of Legislative Affairs, Federal Deposit Insurance Corporation, transmitting the Corporation's joint final rule — Expanded Examination Cycle for Certain Small Insured Depository Institutions and U.S. Branches and Agencies of Foreign Banks (RIN: 3064-AE42) received January 6, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Financial Services.

130. A letter from the Assistant General Counsel for Regulatory Services, Office of the General Counsel, Department of Education, transmitting the Department's final regulations— Assistance to States for the Education of Children with Disabilities; Preschool Grants for Children with Disabilities [Docket ID: ED-2015-OSERS-0132] (RIN: 1820-AB73) received January 6, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Education and the Workforce.

131. A letter from the Assistant General Counsel for Legislation, Regulation and Energy Efficiency, Office of Energy Efficiency and Renewable Energy, Department of Energy, transmitting the Department's final rule — Energy Conservation Program: Test Procedures for Central Air Conditioners and Heat Pumps [Docket No.: EERE-2016-BT-TP-0029] (RIN: 1904-AD71) received January 6, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

132. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's direct final rule — Air Plan Approval; Georgia; Atlanta; Requirements for the 2008 8-Hour Ozone Standard [EPA-R04-OAR-2015-0248; FRL-9957-89-Region 4] received January 9, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

133. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's direct final rule — Air Plan Approval; Minnesota; Sulfur Dioxide; Particulate Matter [EPA-R05-OAR-2015-0842; FRL-9958-15-Region 5] received January 9, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

134. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's direct final rule — Air Plan Approval; Nevada, Lake Tahoe; Second 10-Year Carbon Monoxide Limited Maintenance Plan [EPA-R09-OAR-2015-0399; FRL-9958-11-Region 9] received January 9, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

135. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Approval of California Air Plan Revisions, Ventura County Air Pollution Control District; Prevention of Significant Deterioration [EPA-R09-OAR-2016-0305; FRL-9956-52-Region 9] received January 9, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

136. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Illinois: Final Authorization of State Hazardous Waste Management Program Revision [EPA-R05-RCRA-2015-0555; FRL-9958-05-Region 5] received January 9, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

137. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — State of Iowa; Approval and Promulgation of the Title V Operating Permits Program, the State Implementation Plan, and 112(1) Plan [EPA-R07-OAR-2016-0453; FRL-9957-84-Region 7] received January 9, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

138. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Accidental Release Prevention Requirements: Risk Management Programs under the Clean Air Act [EPA-HQ-OEM-2015-0725; FRL-9954-46-OLEM] (RIN: 2050-AG82) received January 9, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

139. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Civil Monetary Penalty Inflation Adjustment Rule [FRL-9958-06-OECA] received January 9, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on the Judiciary.

140. A letter from the Director, Office of Legislative Affairs, Federal Deposit Insurance Corporation, transmitting the Corporation's final rule — Rules of Practice and Procedure (RIN: 3064-AE52) received January 6, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on the Judiciary.

141. A letter from the Chief, Publications and Regulations Branch, Internal Revenue Service, transmitting the Service's IRB only rule — Transaction of Interest — Section 831(b) Micro-Captive Transactions [Notice 2017-08] received January 9, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Ways and Means.

142. A letter from the Chief, Publications and Regulations Branch, Internal Revenue Service, transmitting the Service's IRB only rule — Updated FFI Agreement (Rev. Proc. 2017-16) received January 9, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Ways and Means.

143. A letter from the Chief, Publications and Regulations Branch, Internal Revenue Service, transmitting the Service's IRB only rule — Rulings and determination letters (Rev. Proc. 2017-3) received January 9, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Ways and Means.

144. A letter from the Chief, Publications and Regulations Branch, Internal Revenue Service, transmitting the Service's IRB only rule — Rulings and determination letters (Rev. Proc. 2017-5) received January 9, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Ways and Means.

145. A letter from the Chief, Publications and Regulations Branch, Internal Revenue Service, transmitting the Service's IRB only rule — Internal Revenue Bulletin: 2017-1 (Rev. Proc. 2017-4) received January 9, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Ways and Means.

146. A letter from the Chief, Publications and Regulations Branch, Internal Revenue Service, transmitting the Service's IRB only rule — Qualified Intermediary Agreement (Rev. Proc. 2017-15) received January 9, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Ways and Means.